

The City of Canal Winchester

36 S. High St., Canal Winchester, Ohio 43110 (614) 837-7501

PERMIT #	
Date Permit Issued _	
Amount Paid	

FOR INSPECTIONS CALL (614) 525-3160

Date	APPLICATION FOR INSPECTION OF PLUMBING								
		R	ESIDENTIAL						
-	nereby applies for a per of the Ohio Administ		_		_	n and in accordance	with		
		TO BE FI	LLED IN BY APPLI	CANT					
Address	dress				New Remod				
Owner's name and	d Address								
				_					
	scharge into an individ		•						
	om any dwelling, well					DWV Copper			
Of what materials	is the draining system		PVC Plastic		-Iron 🔲	DWV Copper			
A: A 1 1	QTY		,	QTY.			QTY.		
Air Admittance val			Garbage Disposal		Showers		1		
*Backflow Prevente	ers		Hot Water Heater		Sterilizers		1		
Bath Tubs			Interceptor		Sump Pump				
Bed Pan Washers			Kitchen Sink		Trap Primer				
Bidet			Laundry Trays		Urinal				
Chemical Sinks			Lavatories		Wash Fountain				
Dental Cuspidors		─ ┃	Mop Sinks		Washing Machine				
Dilution Sump			Outside Faucets		Water Closets				
Dish Washers			Roof Drains		Water Lines				
Drinking Fountain			Rough-in Openings for Future		Water Storage Tank				
Floor Drains		Sewage Ejector	Sewage Ejectors			Other			
Garage Catch Basin			GF			GRAND TOTAL			
	НОТ	WATER REPLACI	EMENT FEE \$35.00	plus Adminis	strative fee				
MASTER PLUM	BER OR HOME OW	NER							
ADDRESS			CITY			ZIP			
TELEPHONE NU	EPHONE NUMBER PLUMBER REGISTRATION #								
*INDICATE NAI	ME OF CERTIFIED	BACKFLOW TESTE	ER						
		1	INSTRUCTIONS						
	nust be properly filled	out and returned to th	e Canal Winchester B	Building Divis	ion accompar	nied by a fee calculate	ed upon		
the following basis		rmit & first fixture			\$60.0	00			
		per of remaining fixtur							
		_							
		ve Fee (Includes State ee							
	_					00			
		odular home plumbing	_		\$60.0	JU			
	Re-Inspection fee	(based upon disappro	oved Inspections and	collected	\$60.0	00			

MAKE CHECKS PAYABLE TO THE CITY OF CANAL WINCHESTER

by Franklin County Public Health ONLY)